

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51				
2		/					52		1		
3		/					53		2		
4		/					54		/		
5		/					55		/		
6		/					56		/		
7		/					57		/		
8		/					58		/		
9		/					59		/		
10		/					60		/		
11		/					61		/		
12		/					62		/		
13		/					63		/		
14		/					64		/		
15		/					65		1		
16		/					66				
17		/					67				
18	/						68				
19		/					69				
20	/						70				
21	/						71				
22		/					72				
23	/						73				
24		/					74				
25		/					75				
26		/					76				
27	/	/					77				
28	/	/					78				
29	/	/					79				
30	/	/					80				
31		/					81				
32		/					82				
33		/					83				
34		/					84				
35	/	/					85				
36		/					86				
37	/	/					87				
38		/					88				
39		/					89				
40		/					90				
41		/					91				
42		/					92				
43		/					93				
44		/					94				
45		/					95				
46	/	/					96				
47		/					97				
48		/					98				
49		/					99				
50		/					100				
TOTAL IND.	7						TOTAL IND.	0			
TOTAL DEP.	40						TOTAL DEP.	13			
TOTAL CLAIMS	47						TOTAL CLAIMS	13			